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PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0551-0035  
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# **DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing  
OR  
☐ Declaration Submitted after initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	SIG000095
First Named Inventor	Matthew D. Felder
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUDIO EVENT DETECTION RECORDING APPARATUS AND METHOD

the specification of which (Title of the Invention)

☒ is attached hereto

OR  
☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checkmark the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications Numbers(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119 (e), 120, or 365 (c) of any U.S. or PCT application(s) listed below.

Application Numbers(s)	Filing Date (MM/DD/YYYY)	Additional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

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**DECLARATION - Utility or Design Patent Application**

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	34,399	OR <input checked="" type="checkbox"/> Correspondence address below
Name Bruce E. Garlick				
Address P.O. Box 160727				
Address				
City Austin		State TX	ZIP 78716-0727	
Country USA		Telephone 512-264-8816	FAX 512-264-3735	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Giv n Name (first and middle [if any]) Matthew D.		Family Name or Surname Felder		
Inventor's Signature <i>Matthew D. Felder</i>		Date 6/25/03		
R sid nce: City Austin		State TX	Country USA	Citizenship USA
Mailing Address 12109 Barrel Bend				
Mailing Address				
City Austin		State TX	ZIP 78748	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Giv n Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Addr ss				
City		State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheets(s) PTO/SB/02A attached hereto.				

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# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicant Number	
Filing Date	
First Named Inventor	Matthew D. Felder
Group Art Unit	
Examiner Name	
Attorney Docket Number	SIG000095

I hereby appoint:

☒ Practitioners at Customer Number

34,399

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label Here

Name	Registration Number
Bruce E. Garlick	36,520
Timothy W. Markison	33,534
James A. Harrison	40,401
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☒ Firm or Individual Name Bruce E. Garlick

Address P.O. Box 160727

Address

City Austin State TX Zip 78716-0727

Country USA

Telephone 512-264-8816 Fax 512-264-3735

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71

☐ Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name Matthew D. Felder

Signature

*Matthew D. Felder*

Date

6/75/03

NOTE:

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

SEND TO: Assistant Commissioner for Patents,  
Washington, DC 20231